

**CALIFORNIA STATE ATHLETIC COMMISSION**

2005 Evergreen Street, Suite 2010

Sacramento, California 95815

P (916) 263-2195 F (916) 263-2195 [www.dca.ca.gov/csac](http://www.dca.ca.gov/csac)



Dear Boxer:

You are applying for a *new or renewal* license to be a professional boxer in the State of California. For your information, the California Commission administers a Professional Boxer's Pension plan. You are eligible to participate in the plan. The Plan is in state laws and regulations. Enclosed for your information is a summary of the pension plan, which we refer to as the ***Summary Plan Description (SPD)***.

To make certain that basic information about you gets properly recorded in the records of the plan, please read through the **SPD** and complete the Enrollment Form and Beneficiary Designation Form enclosed with this letter. You will learn from reading the **SPD** that enrollment does not guarantee that you will receive a benefit from the plan. Enrollment will ensure your rights under the plan. You will also receive periodic statements about benefits you may be earning under the plan.

It is **very important** that you notify the Athletic Commission every time you change your address, so that we will be able to tell you if you are eligible for a pension.

If you have any questions about the plan, now or in the future, please contact the Commission at the address shown below and we will be happy to assist in any way we can. Thank you.

Plan Administrator  
Professional Boxers' Pension Plan  
2005 Evergreen Street, Suite 2010  
Sacramento, CA 95815  
(916) 263-2195  
(916) 263-2197 fax

Enclosures



## PROFESSIONAL BOXERS' PENSION PLAN ENROLLMENT FORM

**Full Legal Name:**

\_\_\_\_\_  
(First Name/Nombre) (Middle Name/Apellido Materno) Last Name/Apellido Paterno)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**California Boxer License #:** \_\_\_\_\_ **Expires:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Federal Identification #:** \_\_\_\_\_ **Expires:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Boxer's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date First Licensed as a Professional Boxer:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Date of First Professional Bout:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Marital Status:** *(if married, divorced or widowed, please provide date of marriage, divorce or widowed)*

☐ **Married** ☐ **Divorced** ☐ **Widowed** ☐ **Single**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo.) (Day) (Yr.) (Mo.) (Day) (Yr.) (Mo.) (Day) (Yr.)

**Spouse's Full Legal Name:**

\_\_\_\_\_  
(First Name/Nombre) (Middle Name/Apellido Materno) (Last Name/Apellido Paterno)

**Spouse's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

I have received the Summary Plan Description (**SPD**) describing the Professional Boxers' Pension Plan. I understand the **SPD** is only a summary of the provisions of the Plan. It cannot provide every detail that may affect my rights or benefits under the Plan. In the event of discrepancies between the description in the **SPD**, and the provisions of the complete Plan (included in the statute and regulations), I agree that the provisions of the Plan (and their respective amendments), and not those of the **SPD**, will control. I understand that a complete copy of the Plan is available for inspection at the offices of the California State Athletic Commission during business hours. I can also get a copy of the Plan and other documents if I ask for them or if my authorized representative asks for them. I also understand that I may be asked to pay a reasonable charge for copies of those documents.

I hereby apply for Participant status in the Plan. By applying for participation in the Plan, I hereby authorize the Commission to provide all necessary information about me, collected on Plan forms or other Commission records, to authorized agents and representatives, as it deems necessary for the proper administration of the Plan. I understand that applying for Participant status does not guarantee enrollment in the plan and that I must meet certain requirements summarized in the SPD to participate.

\_\_\_\_\_  
Professional Boxer (print name)

\_\_\_\_\_  
(Witnessed by Commission Representative (print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Office Use** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_